

Emergency Information for Transportation Provider

PLEASE FILL OUT AND RETURN THESE PAGES TO YOUR DRIVER

Date: _____ Student Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ School Name: _____

Contact Information for Parents/Guardians:

Parent/Guardian 1: _____

Name

Address

Home/Cell Phone

Work Phone

Email Address

Parent/Guardian 2: _____

Name

Address

Home/Cell Phone

Work Phone

Email Address

List two neighbors or nearby relatives who will assume temporary care of your child including picking up at school if you cannot be reached.

Name Address Phone

Name Address Phone

PLEASE NOTE THAT NORTH RIVER COLLABORATIVE WILL NOT LEAVE A CHILD WITH ANYONE OTHER THAN THOSE PERSONS LISTED ON THIS PAPERWORK UNLESS THEY HAVE RECEIVED VERBAL/WRITTEN PERMISSION FROM A PARENT/ GUARDIAN OR SCHOOL DISTRICT

Permission for Independent Pick Up/Drop Off (12 yrs and older):

If your child is 12 or older, are they able to be left alone? YES _____ NO _____

PLEASE NOTE: If you checked YES, it indicates that your child has the skills necessary to be home alone and you give permission for unsupervised pick-up and drop-off. Neither North River Collaborative nor your School District will be responsible for any occurrences before the child is picked up and after the child is dropped off.

Parent/Guardian Signature

Date

If your child is less than 12 years old, he/she must have parental supervision to enter and exit the van both morning and afternoon. Occasional exceptions may be made for 10- and 11-year-olds with District approval. Please contact our office for details.

Personnel/Equipment (check off all that apply):

Equipment: Child Safety Seat: Booster _____ Car Seat _____ Wheelchair _____
Other Safety Equipment: Safety Vest/Harness _____ Seat Belt lock _____
Personnel: Nurse _____ Monitor _____ (APPROVED BY DISTRICT)
Supervision/Assistance
Level if Ambulatory: Verbal Cues _____ Handheld _____ Significant Physical Assistance _____

Please note: In case of a medical emergency, drivers/monitors should contact the Transportation Director or his/her designee. If the driver/monitor is unable to reach the Transportation Director or his/her designee, then driver or monitor must call 911.

In order for NRC to follow other protocols we must receive specific instructions from a parent or doctor. NRC will review these instructions and determine if they are conducive to the overall safety of the route and our ability to provide the service. NRC drivers and monitors are not medical providers and do not administer medication.

Medical/Behavior Information check all that apply and provide pertinent information.

Behavior Concerns: Yes _____ No _____ If yes, please describe or attach behavior plan if relevant.

Feeding Tube _____ Shunt _____ Central Line _____
Swallowing/Choking _____
Seizures *PLEASE BE SPECIFIC * 911 will be called if no information is attached * see parent handbook.*

Diabetes _____
Asthma _____ Uses Inhaler _____
Allergies _____ Carries EPIPen? Yes _____ No _____ If yes, place it in front pocket of backpack.
Is there a Medical Crisis Intervention plan? Yes _____ No _____ If yes, please attach.
Hearing Impaired _____ Visually Impaired _____
Non-verbal/Limited Speech _____ Communication Method/Device _____ Loud Vocalizations _____
Physical or Orthopedic Limitations/Conditions _____

Physician Information/Authorization for treatment

Physician's Name: _____ Office Phone: _____
Address: _____

In case of an accident or serious illness, I request that the school or transporter contact me. If unable to reach me, I authorize you to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, in an emergency, I give permission for my child to be treated by any licensed medical practitioner(s).

Parent/Guardian signature

Date

Transportation Program Handbook Acknowledgement

PLEASE SIGN AND RETURN THIS PAGE TO YOUR DRIVER

_____ I am aware that the **Transportation Program Handbook** is on the North River Collaborative website.

_____ I acknowledge and agree that the student and parent/guardian will abide by the provisions incorporated in the handbook.

Parent/Guardian Signature

Date

Student Name

Date

School Student Attends

Thank You,

Eileen Millett

Eileen Millett
Director of Transportation